

Senator Ernest F. Hollings Privacy Release Form for Casework

Name (please print) : _____

Address : _____

Daytime Phone : _____

Social Security # : _____

Other Claim # : _____

I hereby give United States Senator Ernest F. Hollings, or his appointed agents, authorization to obtain information and provide assistance with the following:

Social Security : SSI _____ Disability _____
 Retirement _____ Medicare _____
 Other _____

Veterans Benefits : Disability _____ Survivors _____
 Pensions _____ Medical _____
 Other _____

Immigration : Pending Status _____
 A # _____

Other Agency (please specify) : _____

Action Requested : _____

Signature : _____ Date : _____

The Privacy Act of 1974 requires that federal agencies must obtain your written permission before they release any information about you.